

ARKANSAS STATE CRIME LABORATORY

EVIDENCE SUBMISSION FORM

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

P.O. Box 868
Hope, Arkansas 71802

*** denotes required field**



LAB USE						HC USPS UPS FDX FI LA MT								
*Submitting Agency				Agency Case #				ASCL Case #						
Has any evidence been previously submitted on this case? <input type="checkbox"/> Yes <input type="checkbox"/> No				*Date of Offense / /				*Investigating Officer (Last, First)						
City of Offense				County of Offense				*Type of Offense						
*Submitting Agency Information														
Address				City				Zip		Phone				
*Item #	*Evidence Description			LAB USE		Examination Areas								
						<input type="checkbox"/> Drug Analysis <input type="checkbox"/> Firearms / Tool mark <input type="checkbox"/> Forensic Biology / DNA <input type="checkbox"/> Illicit Lab <input type="checkbox"/> Latent Prints / AFIS <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Operation Shutdown <input type="checkbox"/> Questioned Documents <input type="checkbox"/> Toxicology <input type="checkbox"/> Trace Evidence <input type="checkbox"/> Visual Communications								
By signing, I hereby certify all listed firearms are unloaded.				Signature				Date						
Suspect(s) Name (Last, First)					SID	DOB	Race / Sex		Victim(s) Name (Last, First)			DOB	Race / Sex	
*Type of Analysis Requested:											LAB USE ONLY			
Brief Summary of Crime:														
Submitting Officer														
Signature														

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

ARKANSAS
STATE
CRIME
LAB

Revised 04/20/2005